



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3679

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The funding will allow the Florida Gulf Coast University Water School to conduct a study to identify and analyze impaired water bodies, including their upstream sources, and determine the root causes of the impairment. The water school will work with appropriate state departments and use readily available data.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	25,000,000
Fixed Capital Outlay	0
Total State Funds Requested	25,000,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	25,000,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	25,000,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

N/A

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Funding will be used to enter into necessary contracts to perform the impaired water body study.	25,000,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		25,000,000

14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

The assessment will result in an enhanced understanding of the causes of impaired water bodies and the upstream sources.

b. What activities and services will be provided to meet the intended purpose of these funds?

Use existing data and information as well as collecting new data and information that will result in the development of the report.

c. What direct services will be provided to citizens by the appropriation project?



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Citizens statewide will benefit from understanding the causes of impaired water bodies throughout the State.

d. Who is the target population served by this project? How many individuals are expected to be served?

All residents of Florida impacted by poor water quality conditions.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Report to submit to the Governor and Legislature.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

Withholding payments and assessing potential financial or liquidated damages.

15. Requester Contact Information

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

16. Recipient Contact Information

- a. Organization
- b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

17. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address



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d. Phone Number